

# STATE OF CALIFORNIA MODIFICATION OF LICENSE TO CARRY CONCEALED FIREARM



**NOTE:** Do not use this form to change CCW Type (i.e., resident, judicial, reserve police officer, employment). You may change CCW Type upon issuance of a renewal CCW license, or submit a new CCW application prior to expiration of existing CCW term.

## LICENSE DATA:

AGENCY	ORI
LICENSEE	DOB
CII #	LOCAL #
DATE OF ISSUE	DATE OF MODIFICATION

## REASON FOR CORRECTION:


## NAME CHANGE:

LAST	FIRST	MIDDLE
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## RESIDENCE ADDRESS CHANGE:

NUMBER AND STREET		
CITY	COUNTY	ZIP CODE

## FIREARMS CORRECTIONS:

ADD	DELETE	MANUFACTURER	SERIAL NUMBER	CALIBER	MODEL	TYPE

MAIL TO:

DEPARTMENT OF JUSTICE  
ATTN: FIREARMS - CCW  
P.O. BOX 820200  
SACRAMENTO, CA 94203-0200

"I DECLARE UNDER PENALTY OF PERJURY (SECTIONS 126 AND 672 PC) THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE AND COMPLETE"

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE